COLON HYDROTHERAPY IN-TAKE FORM

Serenity Wellness

CLIENT INFORMATION DATE:_____

Print Name:_____

Phone:_____ E-mail:_____

Address:_____

Age:_____ DOB:_____ Occupation:_____

Were you referred? YES ☐ NO ☐ If so, by whom?_____

Please check all that apply.

Have you ever had a colon hydrotherapy session before?	**Yes** ☐	**No** ☐

I have had colon hydrotherapy for:	**Yes**	**No**
Wellness Maintenance		
Endoscopic or X-Ray Examination		
Constipation or Fecal Impaction Evacuation		
By Prescription. If yes, Medical Provider's Name:_____		

Are you currently experiencing any of the following?	**Yes**	**No**
Gas		
Bloating		
Abdominal Pain		
Constipation		
Diarrhea		
Hemorrhoids		
Do you normally strain during a bowel movement?		
Does your stool normally have a "strong" smell?		
Do you take laxatives and/or use other methods for having bowel movements?		
Does your stool normally float or sink?		
Is your stool normally loose or formed?		
Is your stool normally hard or soft?		

Have you ever used any of the following in the last year?	**Yes**	**No**
Antacids		
Stool softeners and/or Laxatives		
Diuretics		
Steroids		
Enemas		
Anti-inflammatory drugs		

Colon Hydrotherapy Contraindications & Cautionary Information	Yes	No
Colon, rectal or abdominal surgery (within the last 6 months) Date of Surgery:_____		
Abdominal Hernia		
Autoimmune Deficiency		
Carcinoma of the Rectum		
Cirrhosis of the Liver		
Congestive Heart Failure		
Currently Pregnant		
Diverticulosis/Diverticulitis		
Fissures or Fistula		
Intestinal Perforations		
Renal Insufficiency		
Severe Hemorrhoids		
Do you have, or are you a carrier of any infectious disease?		
If yes, what specific diagnosis? _____		

I have NOT been diagnosed with one or more contraindications for colon irrigation. Initials:_____

Client Signature:_____ Date:_____

This portion of the Colon Hydrotherapy Intake Form was reviewed by a Serenity Wellness Practitioner.

Practitioner's Signature:_____ Date:_____

DISCLAIMER

Information provided by Serenity Wellness is strictly for educational purposes only. It is not meant to prevent, diagnose, and/or treat any disease and is not specific medical advice for any individual's medical condition(s). As a recipient of information provided by Serenity Wellness, you are not establishing a traditional allophathic medical doctor/patient relationship with any particular physician. Consultation with a traditional physician or health care professional should be sought by individuals with any medical or health care concern(s), condition(s), and/or disease(s). Serenity Wellness has been given permission to provide colon hydrotherapy, V-steam/A-steam Korean Hip Bath, and Ionic Foot Bath. The recommendations I receive here are voluntary and I release Serenity Wellness, any Serenity Wellness Practitioner or a Serenity Wellness professional from liability and assume full responsibility thereof. I am aware of my 9th Amendment Rights (see attached) to practice alternative health modalities.

By signing below, I certify that, I have read and completed this in-take form truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications.

Client Signature:_____ Date:_____

CANCELLATION AND REFUND POLICY

A **$25.00** cancellation fee is applied if your appointment is not cancelled within the 24-hour window.
Arriving late to your appointment will simply limit the time for your session. Your session will end on time so that the next client will not be delayed. If you arrive late it is up to you whether you prefer to receive a shortened session or pay for the appointment and reschedule.
No-shows will be charged the full amount of the service.
Sessions are non-transferrable and non-refundable.

Client Signature:_____ Date:_____